

FINANCIAL STATEMENT FORM

International Admissions
500 College Dr, Mason City, Iowa 50401
Phone: 641-422-4075
Valeria.Gonzalez@niacc.edu

This form is required for admission of F-1 students of North Iowa Area Community College. International student tuition is \$325.88 per credit hour. Please note that the estimated cost of attending NIACC for one academic year is \$ 25,380 USD. All international students are required to pay a \$2,000 deposit prior to enrolling in classes in their first semester. The \$2,000 deposit will be applied to tuition and fees. Students who do not pay the deposit will have their Certificate of Eligibility (Form I-20) canceled/terminated.

Tuition and fees (2 Semesters) at 16 credit hours	\$10,428.16
Campus View Housing with meal plan	\$8,150.00
Health Insurance	\$2,000.00
Books and supplies.....	\$1,000.00
Personal.....	\$3,800.00
Total.....	\$25,378.16

A. PERSONAL INFORMATION

Clear Section A

First Name:

Middle Name:

Last Name:

Home Country Street Address Line 1:

Home Country Street Address Line 2:

City:

Province/Territory:

ZIP:

Country:

Phone (Include country code):

Email:

Birth Country:

B. SPONSOR INFORMATION

*Each sponsor must sign this section or attach a signed letter stating the same information, along with the sponsorship amount. * A six-month transactional banking history must also be submitted by the student through SelfService. This is to certify that I have read the information furnished by the applicant on this form, that it is true and accurate, and that the funds are available and will be provided as indicated.*

Guarantor's Signature: _____

Date: _____

Relationship of Guarantor to Applicant: _____

Address of Guarantor: _____

Guarantor's Signature: _____ Date: _____

Relationship of Guarantor to Applicant: _____

Address of Guarantor: _____

C. SUPPORT INFORMATION

Clear Section C

Please indicate the source of your funds on the chart below. Each sponsor must sign Section C or attach a signed letter.

SOURCE OF FUNDS	ASSURED AMOUNT IN U.S. DOLLARS	
	First Year	Second Year
Personal Savings (please print name of bank):		
Family and/or Friends (please print name of each person):		
Your Government (please print name of agency and include with this form a signed copy of your letter of Award, if applicable, OR other supporting documents (please specify):		
Total (Should equal or exceed the estimated costs for one year of \$25,380 USD.)		

D. BANK INFORMATION

Each support source indicated in Section B must have a bank signature here OR a letter from the financial institution confirming the stated balance. This is to certify that I have read the information furnished by the applicant on this form, that it is true and accurate, and that the funds are available.*

Bank Official's Signature: _____ Date: _____

Name of Bank: _____

Address of Bank: _____

Email Address of Bank Contact: _____

Bank Official's Signature: _____ Date: _____

Name of Bank: _____

Address of Bank: _____

Email Address of Bank Contact: _____

E. SIGNATURE

I certify that the information provided is true, correct and complete.

Student Signature:

Date

It is the policy of North Iowa Area Community College not to discriminate in its programs, activities, or employment on the basis of race, color, national origin, sex, disability, age, sexual orientation, creed, religion, and actual or potential family, parental or marital status. If you have questions or complaints related to compliance with this policy, please contact the EEO/AA Officer, 500 College Drive, Mason City, IA 50401, 641-422-4211 human.resources@niacc.edu or the Director of the Office for Civil Rights, U.S. Department of Education, Cesar E. Chavez Memorial Building, 1244 Speer Boulevard, Suite 310, Denver, CO 80204-3582, Telephone: (303) 844-5695 FAX: (303) 844-4303, TDD 800-877-8339 Email: ocr.denver@ed.gov.